

**City of Newport News
Department of Finance**



MEMO TO: Finance Director
FROM:
DATE:
SUBJECT: Request to Close Petty Cash Fund

I request that the Petty Cash Fund for _____ in the amount of
(Department Name)

\$ _____ be closed as of this date. A copy of the deposit slip from the Treasurer's Office is attached
for balance verification. Any overage/shortage must be explained in detail by the fund custodian

_____, _____ or the designated alternate custodian
(Name) (Phone #)

acting in his/her absence _____, _____.
(Name) (Phone #)

Petty Cash Custodian Signature

Department Head Signature

Explanation of overage/shortage:

DO NOT WRITE BELOW THIS LINE

Approved _____
Finance Director

Date